

2007 DISABLED RESIDENT/NONRESIDENT ANTELOPE LICENSE APPLICATION



DATE RECEIVED

RETURN COMPLETED APPLICATION TO:
SPECIAL LICENSING, FWP
1420 EAST SIXTH AVENUE
PO BOX 8009
HELENA, MT 59604-8009

Application must have a cancellation postmark by US Postal Service no later than June 1, 2007, or hand delivered to Helena FWP Headquarters Office (1420 E. 6th Ave.) by 5:00 PM June 1, 2007. Applications are final and cannot be changed or withdrawn. Incomplete or incorrect applications will not go into drawing.

SUBMITTAL OF MORE THAN ONE APPLICATION FOR ANY ONE LICENSE/PERMIT WILL DISQUALIFY ALL THE APPLICATIONS FROM DRAWING.

ALL INFORMATION IS MANDATORY. PLEASE PRINT.

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DATE OF BIRTH*	MM	DD	YYY	ALS#
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DATE OF BIRTH AND ALS # IS MANDATORY FOR ALL APPLICANTS.

If you have not applied for or purchased a Montana hunting license since 2001, you may not have an ALS #. You will be issued an ALS # once your application is processed. Date of birth is mandatory.

NAME FIRST		MI	LAST		JR, SR, ETC.	PHONE ()	HOME —
MAILING ADDRESS						()	WORK —
CITY				STATE	ZIP CODE	COUNTRY	
SEX	HEIGHT	WEIGHT	HAIR (circle one) BD-Bald BR-Brown BK-Black GR-Gray BL-Blonde RD-Red		EYES (circle one) BK-Black GN-Green BL-Blue GR-Gray BR-Brown HA-Hazel		ONLY THE LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ARE REQUIRED

Dept. Use Only

X

ORIGINAL SIGNATURE OF APPLICANT. WRITE. DO NOT PRINT
 (MUST BE APPLICANT'S SIGNATURE--NO ONE ELSE MAY SIGN FOR APPLICANT)
 (Faxed or photocopied signature not acceptable)

*** MONTANA HUNTER EDUCATION ONLY**
 (Required if born after January 1, 1985)

LETTER PREFIX (Circle One) NUMBER
 D E F T

**A hunter who is born after January 1, 1985, must list their Montana Hunter's Education number at left OR submit, with this application, a certificate (or copy of the certificate) verifying he/she has completed a course in hunter safety from any other state or province.*

NONRESIDENT CONSERVATION LICENSE REQUIREMENT

☐ If you have not purchased any of the 2007 licenses listed below, you must check this box and enclose an additional \$10 for your 2007 nonresident conservation license in order to be entered into the drawing. **This \$10 is in addition to the antelope license**

Conservation License
 Conservation and Fishing
 Big Game Combination

Elk Combination
 Deer Combination
 Outfitter Sponsored Big Game Combination

Outfitter Sponsored Elk Combination
 Outfitter Sponsored Deer Combination
 Landowner Sponsored Deer Combination

RESIDENTS ONLY

I hereby declare that I have been a legal resident of the state of Montana for at least 180 consecutive days: ____ Years ____ Months immediately prior to making application for this license, or that I qualify for the 30-day military exception or the Montana Job Corp Camp exception (MCA 87-2-102). I declare all statements on this form are true and correct and the undersigned hereby agrees to the use of the information on this form for the purpose of verifying residency according to Sec. 87-2-102.

NONRESIDENTS USE THIS SECTION

District Choice: -
 District No.



Fees: Nonresident Antelope: \$205 (\$200 refunded if not drawn)

Conservation License: \$ 10

**Bonus Point Fee (optional): \$ 20

MO or Cashier's Check # _____

TOTAL AMOUNT OF THIS APPLICATION: \$ _____

NO PERSONAL OR COMPANY CHECKS ACCEPTED

Paid by: Money Order or Cashiers Check
 (Payable to Montana FWP)

RESIDENTS USE THIS SECTION

District Choice: -
 District No.



Fees: Resident Antelope: \$ 19 (\$14 refunded if not drawn)

**Bonus Point Fee (optional): \$ 2

Check # _____

TOTAL AMOUNT OF THIS APPLICATION: \$ _____

PAID BY:

Money Order/ Cashier's Check/Personal Check
 (Payable to Montana FWP)

**** Beginning in 2003 both residents and nonresidents have the opportunity to accumulate bonus points for Antelope licenses. This system also applies to the Disabled Antelope Licenses; however, historically your odds of drawing this license were about 98% and you may choose not to pay this fee. For more information on bonus points see page 10 of the 2007 Deer, Elk, and Antelope regulations, or call (406) 444-2950.**

**TO BE COMPLETED AND CERTIFIED BY A LICENSED HEALTH CARE
PROVIDER (MD, DO, APRN, or PA)**

I hereby certify that _____ is eligible to apply for this disabled antelope
(applicant's name)
license because of a **permanent** mobility limitation as checked below.

TO QUALIFY, APPLICANT MUST MEET ONE OR MORE OF THE FOLLOWING CRITERIA:

- ☐ 1. Permanently dependent on a wheelchair for mobility.
- ☐ 2. Permanently dependent on a crutch for mobility.
- ☐ 3. Permanently dependent on a cane for mobility.
- ☐ 4. Permanently dependent on an oxygen device.
- ☐ 5. An amputee above the wrist and/or above the ankle.
- ☐ 6. Permanently unable to walk unassisted, 600 yards over rough and broken ground while carrying 15 pounds within one hour, **AND** unable to handle and maneuver up to 25 pounds.

I hereby certify that the information provided above is true and correct to the best of my knowledge and belief.

X _____
Provider's Signature (Do Not Print)

X _____
Provider's Name (Please Print) Date

X _____
Provider's License Number

X _____
Provider's Address

X _____
Provider's Phone Number

In accordance with 87-2-803 (11) MCA: The department or a person who disagrees with a determination of disability or eligibility for a permit to hunt from a vehicle may request a review by the Board of Medical Examiners pursuant to 37-3-203.